9/18/347

Application or Docket Number

2705-183

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

| CLAIMS AS FILED - PA<br>(Column 1)   |   |   |              |                      | (Column 2)                    |                  |   | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|--|---|---|--------------|----------------------|-------------------------------|------------------|---|---------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS   |   |   | /3           |                      |                               |                  |   | RATE                | FEE                    |                            | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED |                      | NUMBER EXTRA                  |                  |   | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | /ð minus 20= |                      | • 4'                          |                  |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | minus 3 =    |                      | • /                           |                  |   | X40=                |                        | OR                         | X80=                | 80                     |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM P                              | RESENT       |                      |                               |                  |   | +135=               |                        | OR                         | +270=               | -                      |  |
| • If   | the difference  | in column 1 is                            | ess than ze  | ro, ente             | r "0" in c                    | olumn 2          | ļ | TOTAL               |                        | OR                         | TOTAL               | 790                    |  |
| 61   | 30 05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |   |              |                      |                               |                  |   | SMALL E             | NTITY                  | OR                         | OTHER<br>SMALL      | THAN .                 |  |
| 7  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI | EST                           | PRESENT<br>EXTRA | } | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT A  | Total   | • 18                                      | Minus        | •2                   | D                             | =                |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | • 4                                       | Minus        | ••-24                |                               | =/               |   | X40=                |                        | OR                         | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /   |   |   |              |                      |                               |                  |   | +135=               |                        | OR                         | +270=               |                        |  |
| •  |   |   |              |                      |                               |                  |   | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                      |                               |                  |   |                     |                        |                            |                     |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus        | ••                   |                               | =                |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|  | Independent   |   | Minus        | •••                  |                               | =                | 4 | X40=                |                        | OR                         | X80=                |                        |  |
| Ľ  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF  | ENDEN                | CLAIM                         |                  | L | +135=               |                        | OR                         | +270=               |                        |  |
|  |   |   |              |                      |                               |                  |   | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                      |                               |                  |   |                     |                        |                            |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NU!<br>PREV          | HEST<br>ABER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus        | ••                   |                               | =                |   | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | •   | Minus        | •••                  | IT CL AIN                     | =                | 4 | X40=                |                        | OR                         | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |              |                      |                               |                  |   | +135=               |                        | OR                         | +270=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |   |   |              |                      |                               |                  |   |                     |                        | OR                         | TOTAL<br>ADDIT, FEE |                        |  |
| **   | ***If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1. |   |              |                      |                               |                  |   |                     |                        |                            |                     |                        |  |